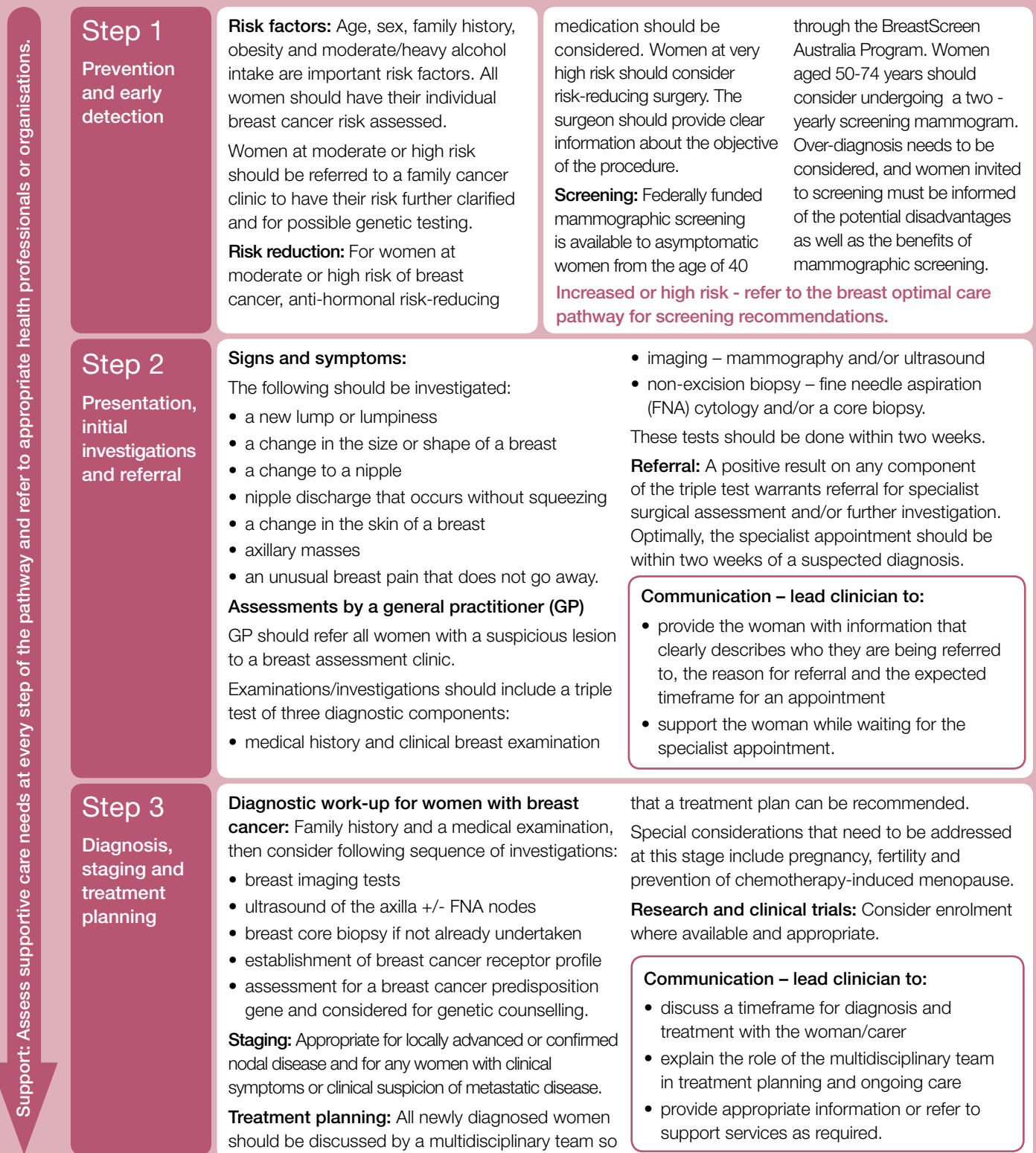


# Optimal care pathway for women with breast cancer

## Quick reference guide



Please note that not all women will follow every step of this pathway:



1 Lead clinician – the clinician who is responsible for managing patient care.

The lead clinician may change over time depending on the stage of the care pathway and where care is being provided.

## Step 4

### Treatment:

Establish intent of treatment:

- curative
- anti-cancer therapy to improve quality of life and/or longevity without expectation of cure
- symptom palliation.

### Treatment options:

**Surgery:** Surgery for early breast cancer involves either breast-conserving surgery or mastectomy performed with or without immediate breast reconstruction surgery. Women should be fully informed of their options and offered the option of immediate or delayed reconstructive surgery if appropriate.

### Chemotherapy and other systemic therapy:

Chemotherapy or drug therapy may be appropriate as neoadjuvant or adjuvant treatment.

**Radiation therapy:** In most cases, radiation therapy is recommended for women with early breast cancer after breast-conserving surgery and in selected women after mastectomy.

For detailed information see <<http://canceraustralia.gov.au/publications-and-resources/cancer-australia-publications/clinical-practice-guidelines-management-early-breast-cancer-2nd-ed>>.

### Communication – lead clinician to:

- discuss treatment options with the woman/carer including the intent of treatment and expected outcomes
- discuss the treatment plan with the woman's GP.

## Step 5

### Care after initial treatment and recovery

Cancer survivors should be provided with the following to guide care after initial treatment.

**Treatment summary** (provide a copy to the woman/carer and her GP) outlining:

- diagnostic tests performed and results
- tumour characteristics
- type and date of treatment(s)
- interventions and treatment plans from other health professionals
- supportive care services provided
- contact information for key care providers.

**Follow-up care plan** (provide a copy to the woman/carer and her GP) outlining:

- medical follow-up required (tests, ongoing surveillance)
- care plans for managing the late effects of treatment
- a process for rapid re-entry to medical services for suspected recurrence.

### Communication – lead clinician to:

- explain the treatment summary and follow-up care plan to the woman/carer
- inform the woman/carer about secondary prevention and healthy living
- discuss the follow-up care plan with the woman's GP.

## Step 6

### Managing recurrent, residual and metastatic disease

**Detection:** Some cases of recurrent disease will be detected by routine follow-up in a woman who is asymptomatic. Some cases of metastatic disease will be detected at the same time as presentation with the initial primary breast cancer ('de novo metastatic disease').

**Treatment:** Where possible, refer the woman to the original multidisciplinary team. Treatment will depend on the location, the extent of recurrence, previous management and the woman's preferences.

**Palliative care:** Early referral can improve quality

of life and in some cases survival. Referral should be based on need, not prognosis.

For detailed information see <<http://annonc.oxfordjournals.org/content/early/2014/09/17/annonc.mdu385.full.pdf+html>>.

### Communication – lead clinician to:

- explain the treatment intent, likely outcomes and side effects to the woman/carer
- initiate a discussion regarding advance care planning if appropriate.

## Step 7

### End-of-life care

**Palliative care:** Consider referral to palliative care if not already involved. Ensure that an advance care plan is in place.

### Communication – lead clinician to:

- be open about the prognosis and discuss palliative care options with the woman/carer
- establish transition plans to ensure the woman's needs and goals are addressed in the appropriate environment.

Visit [www.cancerpathways.org.au](http://www.cancerpathways.org.au) for consumer friendly guides. Visit [www.cancer.org.au/OCP](http://www.cancer.org.au/OCP) for the full clinical version and instructions on how to import these guides into your GP software.